



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E463123**

| | | |
|--------------------------------------|---|---|
| INTERSTATE <input type="checkbox"/> | CITY STREET <input checked="" type="checkbox"/> | FIRE RESULTED <input type="checkbox"/> |
| STATE ROUTE <input type="checkbox"/> | OTHER <input type="checkbox"/> | STOLEN VEHICLE <input type="checkbox"/> |
| COUNTY RD <input type="checkbox"/> | PRIVATE WAY <input type="checkbox"/> | HIT & RUN INVOLVED <input type="checkbox"/> |

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|--------------------|
| TRIBAL RESERVATION |
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| | | |
|---------------------|-----------------|---------------|
| CASE # | 15-02366 | |
| LOCAL AGENCY CODING | | |
| TOTAL # OF UNITS | 02 | OBJECT STRUCK |

| | | | | | | | | | | | |
|-------------------|-----------|-----------|-------------|-------------|-------------|----------|-----------|-------|-------------|---|--------|
| DATE OF COLLISION | 09 | 18 | 2015 | TIME (2400) | 1426 | COUNTY # | 31 | MILES | 0664 | N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> IN <input checked="" type="checkbox"/> OF | CITY # |
|-------------------|-----------|-----------|-------------|-------------|-------------|----------|-----------|-------|-------------|---|--------|

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|--------------------------|---------------------------------------|--|---|--------------|-----------|
| ON (PRIMARY TRAFFIC WAY) | INTERSECTION <input type="checkbox"/> | NON-INTERSECTION <input checked="" type="checkbox"/> | | | |
| 20TH ST NE | | | BLOCK NO. <input checked="" type="checkbox"/> | 11100 | MILE POST |

| | | | | | |
|----------|----------|-------|----------|---|--------------------------------|
| DISTANCE | 0 | MILES | 0 | N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> | OF (REFERENCE OR CROSS STREET) |
|----------|----------|-------|----------|---|--------------------------------|

| | | | | | |
|---------|---|--------------------------------------|--|-------|----------------------|
| UNIT 01 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | DAMAGE THRESHOLD MET <input checked="" type="checkbox"/> | PHONE | D: 2069306080 |
|---------|---|--------------------------------------|--|-------|----------------------|

| | | | | | |
|-----------|-------------------|------------|-------------|----------------|----------|
| LAST NAME | ALFORD 190 | FIRST NAME | KYLE | MIDDLE INITIAL | J |
|-----------|-------------------|------------|-------------|----------------|----------|

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|--------------------|--------------------------|
| STREET NEW ADDRESS | 1901 125TH AVE NE |
|--------------------|--------------------------|

| | | | | | |
|------|---------------------|----|-----------|-----|--------------|
| CITY | LAKE STEVENS | ST | WA | ZIP | 98258 |
|------|---------------------|----|-----------|-----|--------------|

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|-----|--------------|--------------|
| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

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|--------------------|---------------------|-------|-----------|-----|----------|--------|-----------|-----------|-------------|
| DRIVER'S LICENSE # | ALFORKJ106CD | STATE | WA | SEX | M | D.O.B. | 02 | 04 | 1990 |
|--------------------|---------------------|-------|-----------|-----|----------|--------|-----------|-----------|-------------|

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|----------------------------------|--------|--------|----------|--------|----------|-------|----------|------------|----------|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | 1 | NATURE OF INJURIES |
|----------------------------------|--------|--------|----------|--------|----------|-------|----------|------------|----------|--------------------|

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|-----------------|----------------|-------|-----------|------|--------------------------|
| LICENSE PLATE # | ALU4546 | STATE | WA | VIN# | 1FMZU73EX1ZA19501 |
|-----------------|----------------|-------|-----------|------|--------------------------|

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|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

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|-----------|-------------|------|-------------|-------|---------------|-------|-----------|---------------|------------|----------|---------------|------------|
| VEH. YEAR | 2001 | MAKE | FORD | MODEL | EXPLOR | STYLE | 4W | VEHICLE TOWED | YES | TOWED BY | GOVT. VEHICLE | YES |
|-----------|-------------|------|-------------|-------|---------------|-------|-----------|---------------|------------|----------|---------------|------------|

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|------------------------|
| REGISTERED OWNER INFO. |
|------------------------|

| | | | | | |
|--|--------------------------|------------|------------------------------|--------|-----------------------------------|
| LIABILITY INSURANCE IN EFFECT <input type="checkbox"/> | INSURANCE CO. & POLICY # | CITATION # | 5Z1018816, 5Z1018816, | CHARGE | NO VALID OPER LICENSE WITH |
|--|--------------------------|------------|------------------------------|--------|-----------------------------------|

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|---------|---|--------------------------------------|-------------------------------------|---|--|-------|
| UNIT 02 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input type="checkbox"/> | DAMAGE THRESHOLD MET <input checked="" type="checkbox"/> | PHONE |
|---------|---|--------------------------------------|-------------------------------------|---|--|-------|

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|-----------|-------------|------------|--------------|----------------|----------|
| LAST NAME | WEBB | FIRST NAME | DONNA | MIDDLE INITIAL | J |
|-----------|-------------|------------|--------------|----------------|----------|

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|--------------------|-------------------------------|
| STREET NEW ADDRESS | 9829 TULALIP SHORES RD |
|--------------------|-------------------------------|

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|------|----------------|----|-----------|-----|--------------|
| CITY | TULALIP | ST | WA | ZIP | 98271 |
|------|----------------|----|-----------|-----|--------------|

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| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

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|--------------------|---------------------|-------|-----------|-----|----------|--------|-----------|-----------|-------------|
| DRIVER'S LICENSE # | WEBB*DJ360CH | STATE | WA | SEX | F | D.O.B. | 02 | 08 | 1984 |
|--------------------|---------------------|-------|-----------|-----|----------|--------|-----------|-----------|-------------|

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|----------------------------------|--------|--------|----------|--------|----------|-------|----------|------------|----------|--------------------|------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | 7 | NATURE OF INJURIES | SORE BACK |
|----------------------------------|--------|--------|----------|--------|----------|-------|----------|------------|----------|--------------------|------------------|

| | | | | | |
|-----------------|----------------|-------|-----------|------|--------------------------|
| LICENSE PLATE # | AIV1404 | STATE | WA | VIN# | 1FMNU43S15EC33938 |
|-----------------|----------------|-------|-----------|------|--------------------------|

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| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

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|-----------|-------------|------|-------------|-------|----------------|-------|-----------|---------------|------------|----------|---------------|------------|
| VEH. YEAR | 2005 | MAKE | FORD | MODEL | EXCURSI | STYLE | 4W | VEHICLE TOWED | YES | TOWED BY | GOVT. VEHICLE | YES |
|-----------|-------------|------|-------------|-------|----------------|-------|-----------|---------------|------------|----------|---------------|------------|

| |
|------------------------|
| REGISTERED OWNER INFO. |
|------------------------|

| | | | | |
|---|--------------------------|------------|------------------------|--------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO. & POLICY # | CITATION # | SAFECO H2113903 | CHARGE |
|---|--------------------------|------------|------------------------|--------|

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|------------------------|---------------------|---------------|------------|--------|------------------|
| OFFICER'S NAME (PRINT) | DENNIS IRWIN | BADGE OR ID # | 105 | AGENCY | WA0311900 |
|------------------------|---------------------|---------------|------------|--------|------------------|



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E463123**

CASE # **15-02366**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|-------------------------------------|---|--------------------------|--------|----------|--------------|----------|--------|----------|--------|----------|-------|----------|--------------------|-----------|-----------------|-----------|--------------------|-------------|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | ORTEGA JENNIFER C | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | 3723 S 126TH ST TUKWILA WA 98168 | | | | | | | | | | SEX | F | D.O.B. MMDDYYYY | 08 | - | 20 | - | 1967 |
| PASSENGER | <input checked="" type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | 2 | SEAT POS. | 3 | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | | INJURY CLASS | 1 | NATURE OF INJURIES | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | SEX | | D.O.B. MMDDYYYY | | - | | - | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | SEX | | D.O.B. MMDDYYYY | | - | | - | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | |

NARRATIVE

UNIT #2 was eastbound at about the 11100 block of 20th St NE and had stopped for a Community Transit Bus which had just dropped off a passenger. The bus passenger had started walking around the rear of the bus, when UNIT #2 was struck from behind by UNIT #1.

UNIT #1 was also eastbound on 20th ST NE following behind UNIT #2 and did not notice that UNIT #2 had stopped. UNIT #1 was unable to stop before striking UNIT #2 from behind.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DENNIS IRWIN

09-18-15 05:26 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

9/21/2015 12:03:22 AM

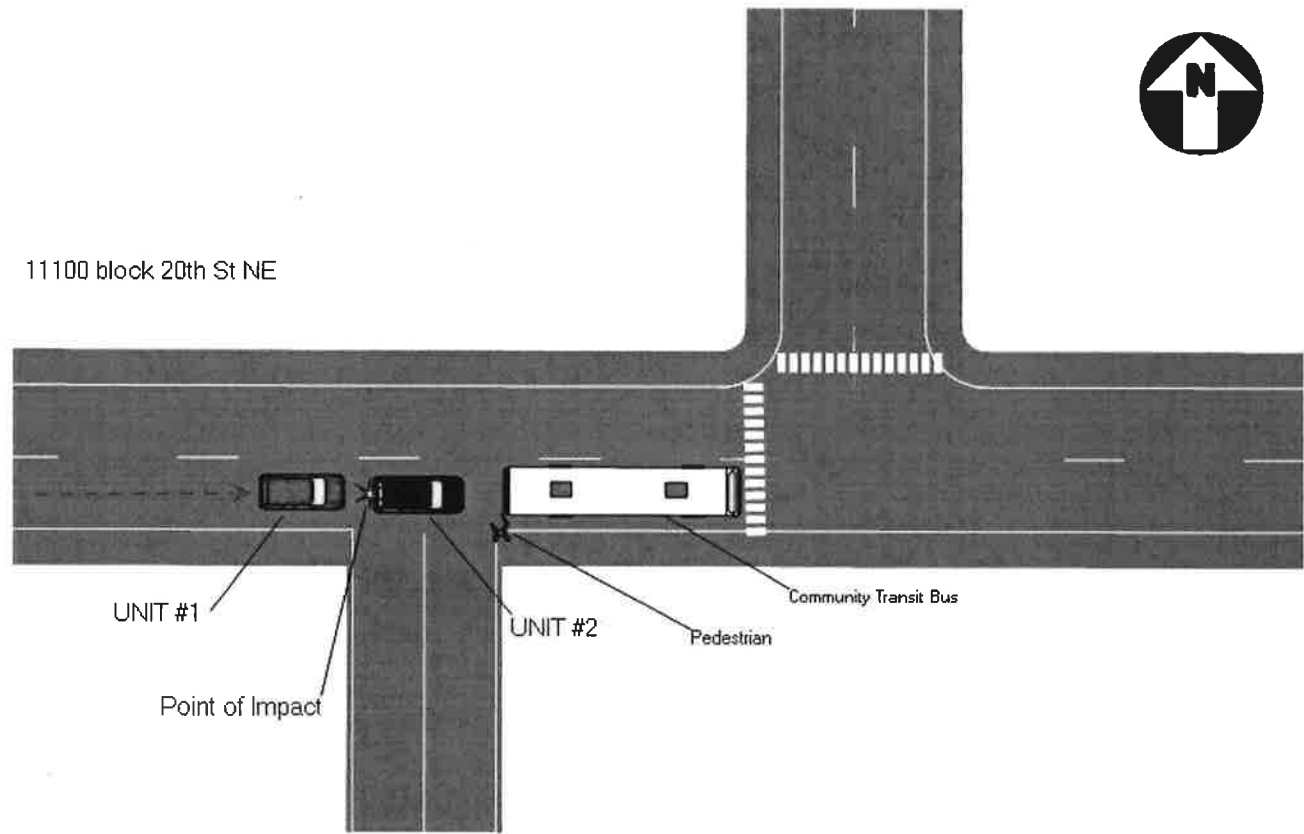
BADGE OR ID # **105**

ORI #

WA0311900

TIME POLICE DISPATCHED **2:28 PM**

TIME POLICE ARRIVED **2:38 PM**



* not to scale *

25MPH

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

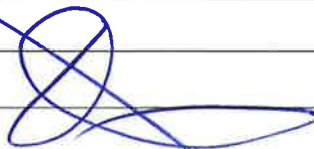
1507366

VICTIM / WITNESS

| | | | | | | | | | | |
|-----------------------------------|--|----------------------------|-----|-------------|---------------------|--------------|-----|-------------|------|------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE) Webb, Donna J | RACE W | ETH | SEX F | DOB 2/8/64 | AGE 51 | HGT | WGT | HAIR | EYES |
| STREET ADDRESS PO Box 393 | | CITY Mukilteo | | STATE WA | | ZIP 98215 | | RES. STATUS | | |
| HOME PHONE | | CELL PHONE 425-232-8506 | | | PLACE OF EMPLOYMENT | | | | | |
| WORK PHONE | | EMAIL ADDRESS | | | | | | | | |

I, Donna Webb, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

We were stopped on 20th St NE @ 112th Dr NE behind city bus. Pedestrian was using cross-walk in front of us. Car behind us rear-ended us.



I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

| | | |
|---|------------------------|------------------------------------|
| SIGNATURE: <u>Donna Webb</u> | DATE SIGNED 9/18/15 | LOCATION SIGNED Lake Stevens |
| OFFICER NUMBER: <u>R. Brown #105</u> | DATE SIGNED 9/18/15 | LOCATION SIGNED LAKE STEVENS WA |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

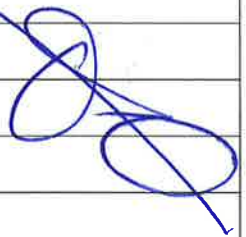
15-07366

VICTIM / WITNESS

| | | | | | | | | | | |
|-------------------------------------|---|---------------------------------------|-----|----------|---|--------------|-------------|------------|------------|------------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE) Alford, Kyle Jeffrey | RACE | ETH | SEX M | DOB 02/04/90 | AGE 25 | HGT 5'7" | WGT 210 | HAIR Br | EYES Br |
| STREET ADDRESS 1901 125th Ave NE | | CITY Lake Stevens | | | STATE WA | ZIP 98258 | RES. STATUS | | | |
| HOME PHONE | | CELL PHONE (206) 930-6080 | | | PLACE OF EMPLOYMENT Jaco Environmental | | | | | |
| WORK PHONE | | EMAIL ADDRESS kasoymn425@yahoo.com | | | | | | | | |

I, Kyle Alford, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was two cars behind a bus that came to a stop. As I stopped my water bottle fell to my feet. I reached down to grab it and when I glanced up I saw the bus move so I let off my break. As I'm still grabbing the bottle the lady in front of me stopped and I rear ended her.



I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

| | | |
|--------------------------------------|-----------------------------|--|
| SIGNATURE: <u>Kyle Alford</u> | DATE SIGNED: <u>9/18/15</u> | LOCATION SIGNED: <u>Lake Stevens</u> |
| OFFICER/NUMBER: <u>D. Brown #105</u> | DATE SIGNED: <u>9/18/15</u> | LOCATION SIGNED: <u>LAKE STEVENS, WA</u> |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

| | | | | | |
|---|--|---|--|--------------------------------|--|
| LAKE STEVENS POLICE EVIDENCE DIVISION | | Primary Officer/Badge Number <i>DIPLOMA #105</i> | | Case Number <i>15-02366</i> | |
| Type of Crime: Felony / Misdemeanor (Circle) | | Crime: <i>COLLISION</i> | | Date/Time: <i>9/16/15</i> | |
| Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING | | *Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification | | | |

| | | | | | |
|---|--|---------|---|------|-------------------|
| Item # <i>DE-1</i> | Item <i>CD</i> | | Brand Name <i>CONTAINS DIGITAL IMAGES OF</i> | | Storage Location |
| | Brand/Model/Caliber <i>VEHICLE DAMAGE</i> (Further Description) | | | | |
| | Serial # | | Where Found | | |
| Action # <i>3</i> | | | Weight of Narcotic | | |
| Owner's Name | | Address | | City | State |
| | | | | Zip | Phone # |
| Other remarks /additional information/ special instructions | | | | | Barcode goes here |

| | | | | | |
|---|---|---------|--------------------|------|-------------------|
| Item # | Item | | Brand Name | | Storage Location |
| | Brand/Model/Caliber (Further Description) | | | | |
| | Serial # | | Where Found | | |
| Action # | | | Weight of Narcotic | | |
| Owner's Name | | Address | | City | State |
| | | | | Zip | Phone # |
| Other remarks /additional information/ special instructions | | | | | Barcode goes here |

| | | | | | |
|---|---|---------|--------------------|------|-------------------|
| Item # | Item | | Brand Name | | Storage Location |
| | Brand/Model/Caliber (Further Description) | | | | |
| | Serial # | | Where Found | | |
| Action # | | | Weight of Narcotic | | |
| Owner's Name | | Address | | City | State |
| | | | | Zip | Phone # |
| Other remarks /additional information/ special instructions | | | | | Barcode goes here |

| | | | | | |
|---|---|---------|--------------------|------|-------------------|
| Item # | Item | | Brand Name | | Storage Location |
| | Brand/Model/Caliber (Further Description) | | | | |
| | Serial # | | Where Found | | |
| Action # | | | Weight of Narcotic | | |
| Owner's Name | | Address | | City | State |
| | | | | Zip | Phone # |
| Other remarks /additional information/ special instructions | | | | | Barcode goes here |

| | | | | | |
|---|---|---------|--------------------|------|-------------------|
| Item # | Item | | Brand Name | | Storage Location |
| | Brand/Model/Caliber (Further Description) | | | | |
| | Serial # | | Where Found | | |
| Action # | | | Weight of Narcotic | | |
| Owner's Name | | Address | | City | State |
| | | | | Zip | Phone # |
| Other remarks /additional information/ special instructions | | | | | Barcode goes here |

| | | | | | |
|----------------------------|--|--------------|--|--------------------|--|
| Evidence Control Use Only: | | | | | |
| Received by Evidence: | | NCIC/WACIC ✓ | | Date: | |
| Name: _____ # _____ | | NCIC/WACIC + | | Date: | |
| Date: _____ Time: _____ | | NCIC/WACIC - | | Date: | |
| | | | | CAD/RMS Checked | |
| | | | | Owner Letter Sent: | |
| | | | | Owner Letter Sent: | |

| | | |
|--------|----------|----------|
| Closed | 09/18/15 | 17:01:02 |
|--------|----------|----------|

Loc: 112 DR NE/20 ST NE , LKS (V)

Phone: 4253435017

/1701 CLOSE 19D1